| 263-C-R02-0611-34000845-1<br>-263-C (P1) REV. 02 (06-11)   | en and a state of the state of | CHRISTINA WYNN<br>SACRAMENTO COUNTY ASSESSOR<br>INSTITUTIONAL EXEMPTIONS SECTION   |  |  |  |
|--|---|--|--|--|--|
| CHURCH LESSORS' EXEMPTION CLA  | IM Carat  | 3636 American River Drive, Suite 200<br>Sacramento, CA 95864-5952  |  |  |  |
| PROPERTY LEASED BY A CHURCH TO A P<br>SCHOOL, COMMUNITY COLLEGE, STATE (<br>STATE UNIVERSITY, INCLUDING THE UNIV<br>CALIFORNIA, USED JOINTLY WITH A CHUF   | COLLEGE, OR<br>ERSITY OF  | Phone (916) 875-0720<br>FAX (916) 854-9181<br>https://assessor.saccounty.gov   |  |  |  |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and r<br>Г   | mailing address)  |  |  |  |  |
|  |   | To receive the full exemption, this claim mus be filed with the Assessor by February 15.   |  |  |  |
| L  | _   | be filed with the Assessor by February 15.   |  |  |  |
| IDENTIFICATION OF APPLICANT<br>LESSOR'S CHURCH OR ORGANIZATION NAME  |   |  |  |  |  |
| MAILING ADDRESS  |   |  |  |  |  |
| CITY, STATE, ZIP CODE  |   |  |  |  |  |
|  |   |  |  |  |  |
| CORPORATE ID (IF ANY)  |   |  |  |  |  |
|  |   |  |  |  |  |
| IDENTIFICATION OF PROPERTY   |   |  |  |  |  |
| ADDRESS OF PROPERTY (NUMBER AND STREET)  |   | FISCAL YEAR OF CLAI  |  |  |  |
| ADDRESS OF PROPERTY (NUMBER AND STREET)  |   | FISCAL YEAR OF CLAIN<br>20 20  |  |  |  |
| ADDRESS OF PROPERTY (NUMBER AND STREET)  |   |  |  |  |  |
| CITY, COUNTY, ZIP CODE   |   | 20 20<br>ASSESSOR'S PARCEL NUMBER  |  |  |  |
| CITY, COUNTY, ZIP CODE   | roperty: (if there are numerous prop  | 20 20<br>ASSESSOR'S PARCEL NUMBER<br>es of the property.<br>perties, please attach a list that clearly identifies the  |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the  The exemption claim is made for the following pr  | roperty: (if there are numerous prop<br>property and the name and   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         address of the lessee)  |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the  The exemption claim is made for the following pr PROPERTY TYPE  | roperty: (if there are numerous prop<br>property and the name and   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         address of the lessee)  |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property   | roperty: (if there are numerous prop<br>property and the name and   | 20 20<br>ASSESSOR'S PARCEL NUMBER<br>es of the property.<br>perties, please attach a list that clearly identifies the<br>address of the lessee)  |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the  The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements  | roperty: (if there are numerous prop<br>property and the name and   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         address of the lessee)  |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property   | roperty: (if there are numerous prop<br>property and the name and   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         address of the lessee)  |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION  | roperty: (if there are numerous prop<br>property and the name and   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the laddress of the lessee)         INCIDENTAL USE  |  |  |  |
| CITY, COUNTY, ZIP CODE  USE OF PROPERTY  Check and state the The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by t   | roperty: <i>(if there are numerous prop</i><br><i>property and the name and</i><br>PRIMARY USE(S)   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar   |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by t and usual expenses in mainta   | roperty: (if there are numerous prop<br>property and the name and<br>PRIMARY USE(S)<br>he church in the form of rents, fees<br>ining and operating the leased pro-  | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar   |  |  |  |
| CITY, COUNTY, ZIP CODE USE OF PROPERTY   | he church in the form of rents, fees<br>ining and operating the leased pro<br><b>CERTIFICATION</b>  | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the<br>l'address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar<br>perty.         it uses the property for exempt purposes.  |  |  |  |
| CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the property         The exemption claim is made for the following property         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by t and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury under penalty of pen | he church in the form of rents, fees<br>ining and operating the leased pro<br><b>CERTIFICATION</b><br>ler the laws of the State of California   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the<br>l'address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar<br>perty.         it uses the property for exempt purposes.         that the foregoing and all information hereon, including and   |  |  |  |
| CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the property         The exemption claim is made for the following property         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by t and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury under penalty of pen | he church in the form of rents, fees<br>ining and operating the leased pro<br><b>CERTIFICATION</b><br>ler the laws of the State of California   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the<br>l'address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar<br>perty.         it uses the property for exempt purposes.  |  |  |  |
| CITY, COUNTY, ZIP CODE  USE OF PROPERTY  ☐ Check and state the, The exemption claim is made for the following pr PROPERTY TYPE ☐ Land ☐ Buildings and Improvements ☐ Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS ☐ Yes ☐ No The total income received by t and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury und accompanying statements SIGNATURE OF PERSON MAKING CLAIM  | he church in the form of rents, fees<br>ining and operating the leased pro<br><b>CERTIFICATION</b><br>ler the laws of the State of California   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the<br>l'address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar<br>perty.         it uses the property for exempt purposes.         that the foregoing and all information hereon, including an<br>the best of my knowledge and belief.         DATE           |  |  |  |
| CITY, COUNTY, ZIP CODE  USE OF PROPERTY  | he church in the form of rents, fees<br>ining and operating the leased pro<br><b>CERTIFICATION</b><br>ler the laws of the State of California   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the<br>l'address of the lessee)         INCIDENTAL USE         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar<br>perty.         it uses the property for exempt purposes.         that the foregoing and all information hereon, including an<br>the best of my knowledge and belief. |  |  |  |
| CITY, COUNTY, ZIP CODE  USE OF PROPERTY  ☐ Check and state the, The exemption claim is made for the following pr PROPERTY TYPE ☐ Land ☐ Buildings and Improvements ☐ Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS ☐ Yes ☐ No The total income received by t and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury und accompanying statements SIGNATURE OF PERSON MAKING CLAIM  | he church in the form of rents, fees<br>ining and operating the leased pro<br><b>CERTIFICATION</b><br>ler the laws of the State of California   | 20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the<br>l'address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         , or charges from the lease does not exceed the ordinar<br>perty.         it uses the property for exempt purposes.         that the foregoing and all information hereon, including an<br>the best of my knowledge and belief.         DATE           |  |  |  |



## INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

#### **IMPORTANT NOTICE**

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

### **IDENTIFICATION OF APPLICANT**

Enter your church, corporate or organization information.

### **IDENTIFICATION OF PROPERTY**

Enter the address of the property for which you are seeking exemption.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

# AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

| NAME OF QUALIFYING                         | g pue  | BLIC SCHOOL LESSEE   |   |                  |                            |                                 |  |
|--|--------|--|---|------------------|----------------------------|---------------------------------|--|
| MAILING ADDRESS                            |        |  |   |                  |                            |                                 |  |
| CITY, STATE, ZIP COD                       | E      |  |   |                  |                            |                                 |  |
| Check the type                             | of qı  | alifying use of the property                                       |   |                  |                            |                                 |  |
| PUBLIC SCHOOL     STATE UNIVERSITY         |        |  |   |                  |                            |                                 |  |
|  | IUNI   | TY COLLEGE   | UNIVERSITY OF CALIFORNIA  | ١                |                            |                                 |  |
| STATE                                      | COL    | LEGE   |   |                  |                            |                                 |  |
| NAME OF CHURCH                             |        |  |   |                  |                            |                                 |  |
| MAILING ADDRESS                            |        |  |   |                  |                            |                                 |  |
| CITY, STATE, ZIP CODI                      | E      |  |   |                  |                            |                                 |  |
| DATE LEASE SIGNED                          |        |  |   | COMM             | COMMENCEMENT DATE OF LEASE |                                 |  |
|  |        | THE ASSESSOR   | MAY REQUEST A COPY OF THE LEASE A   | AGREEMENT        |                            |                                 |  |
| The following properetc. Attach a separate |        |  | year. If personal property is being lea   | ased, indicate   | the ty                     | pe, make, model, serial number, |  |
| PROPERTY TYPE<br>(REAL OR PERSONAL)        |        |  | PROPERTY DESCRIPT   | ΓΙΟΝ             |                            |                                 |  |
|  |        |  |   |                  |                            |                                 |  |
|  |        |  |   |                  |                            |                                 |  |
|  |        |  |   |                  |                            |                                 |  |
|  |        |  |   |                  |                            |                                 |  |
|  |        |  |   |                  |                            |                                 |  |
|  |        |  |   |                  |                            |                                 |  |
|  |        |  |   |                  |                            |                                 |  |
|  |        | espect to lessees that are poli<br>t government entity leasing the | tical subdivisions of the state, the  | e property is lo | ocate                      | d within the boundaries of the  |  |
|  |        |  | a student bookstore that generates  | s unrelated but  | sines                      | s taxable income as defined in  |  |
|  |        | 512 of the Internal Revenue C<br>a copy of the institution's mo    | Code.<br>st recent tax return filed with the                                      | Internal Reve    | enue                       | Service must accompany this     |  |
| affi                                       | idavi  |  | ed by establishing a ratio of the unre  |                  |                            |                                 |  |
|  |        |  | CERTIFICATION   |                  |                            |                                 |  |
| I certify (or declare)                     |        |  | aws of the State of California that the<br>iments, is true and correct to the bes |                  |                            |                                 |  |
| SIGNATURE OF PERSON MAKING CLAIM           |        |  |   | DA               | ATE                        |                                 |  |
| NAME OF PERSON MAKIN                       | NG CLA | AIM  |   | ווד              | TLE                        |                                 |  |
| EMAIL ADDRESS                              |        |  |   | DA               | AYTIME                     | TELEPHONE                       |  |
|  |        |  |   | (                |                            | )                               |  |
|  |        | THIS DOCUME  | NT IS SUBJECT TO PUBLIC I   |                  | N                          | )                               |  |

